

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **4326**

BIRTH NO. _____		REG. DIST. NO. 23		PRIMARY REG. DIST. NO. 5290		Registrar's No. 135	
1. PLACE OF DEATH a. COUNTY Osage Kearney Township				2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission) a. STATE Kansas b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR Kearney Rural		c. LENGTH OF STAY (in this place) 6 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR McMouth Rural			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Irene		b. (Middle) Gertrude		c. (Last) Lingenfelter	
4. DATE OF DEATH		(Month) Feb		(Day) 15		(Year) 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Dec 1st 1867		9. AGE (In years last birthday) If under 1 year: Months Days If under 12 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper		10b. KIND OF BUSINESS OR INDUSTRY Gen House work		11. BIRTHPLACE (State or foreign country) Clay Co Missouri		12. COUNTRY OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joshua Gifford		13b. MOTHER'S MAIDEN NAME Emely Snow		14. NAME OF HUSBAND OR WIFE Isaac Lingenfelter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. H. Byrnes, Carey, Kansas			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO: (b) _____ DUE TO: (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 10X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 10				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 7		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Cause			
22. I hereby certify that I attended the deceased from Jan 12, 1949 to Jan 12, 1949 , that I last saw the deceased alive on Jan 12, 1949 , and that death occurred at 2:45 P.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ray A. Lowry, M.D.		23b. ADDRESS Smithville, Missouri				23c. DATE SIGNED Feb 17 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 17 49		24c. NAME OF CEMETERY OR CREMATORY Arley		24d. LOCATION (City, town, or county) 8mi N.W. Kearney Mo	
DATE REC'D BY LOCAL REG. Feb 17-1949		REGISTRAR'S SIGNATURE Minnie Haynes		5. FUNERAL DIRECTOR'S SIGNATURE Leonard Fry		ADDRESS Kearney Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-24-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.